

BI

DITY MOVE CHECKLIST

(If applicable)

Date: _____

Name: _____ Rank: _____ SSN: _____

PACIDN: **HH13VZ6A/B**

DITY Checklist & Certification of Expenses _____

DD 2278 (Do It Yourself Counseling Checklist) _____

DITY Weight Tickets _____

Copy of your Orders and amendments _____

1. Receipts must be original
- 2. Make sure you submit a Weight tickets**
3. Check over the Dity Move Checklist before mailing it in.

Program Managers : COMM (210) 221-xxxx [] Mrs Sarabia – 1- 3243 [] Mr Gutierrez – 1-3153
DSN: 471-xxxx [] Enlisted 1-5582 [] Ms Lara – 1-5725
[] Mrs Prescott Supervisor 1-1637

Submit this Dity Move Checklist, along with your required documents.
Make a copy of Dity Move Checklist documents submitted for your records.